



# Counselling and testing in Gauteng

Enhancing Quality of Care Meeting

Kopanong 14/2/2006

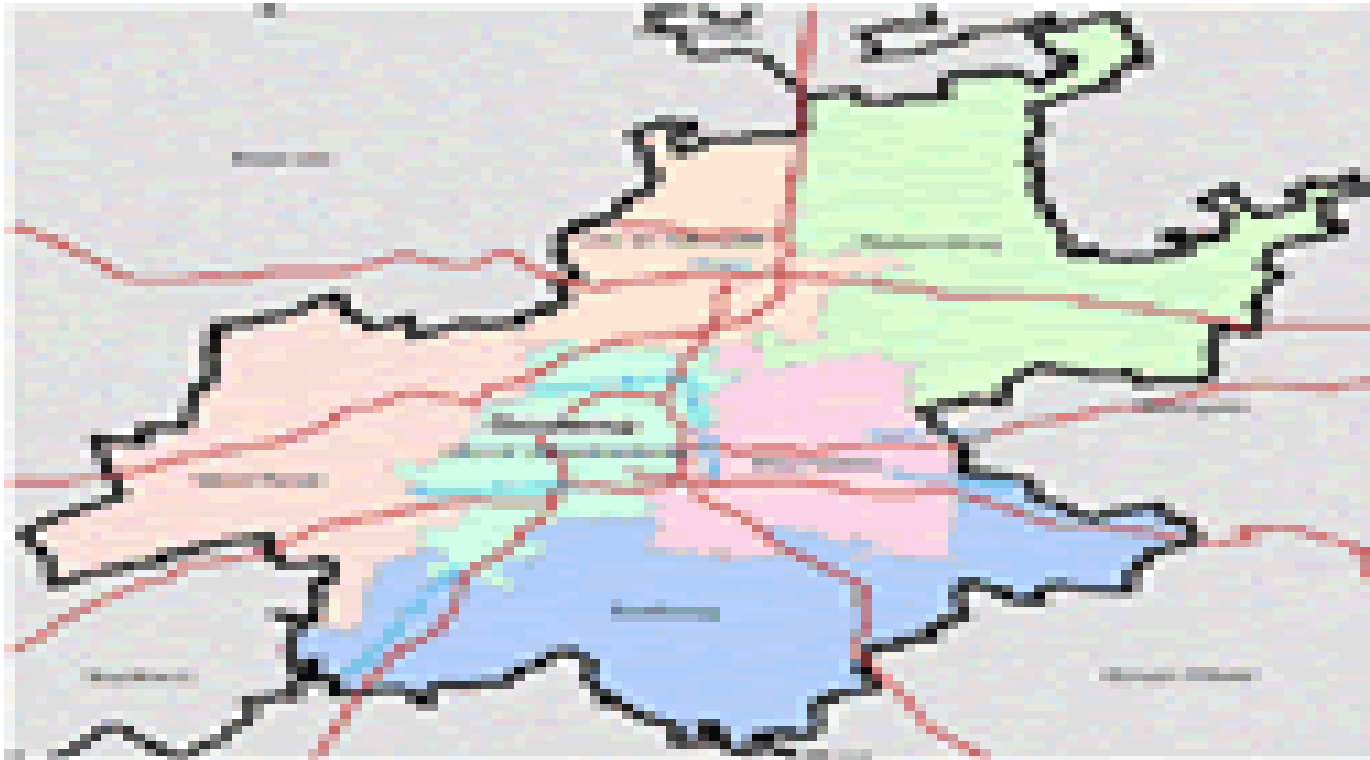
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# Gauteng: Geographical position



# Gauteng Districts

**A Growth & Development Strategy (GDS)  
For the Gauteng Province**

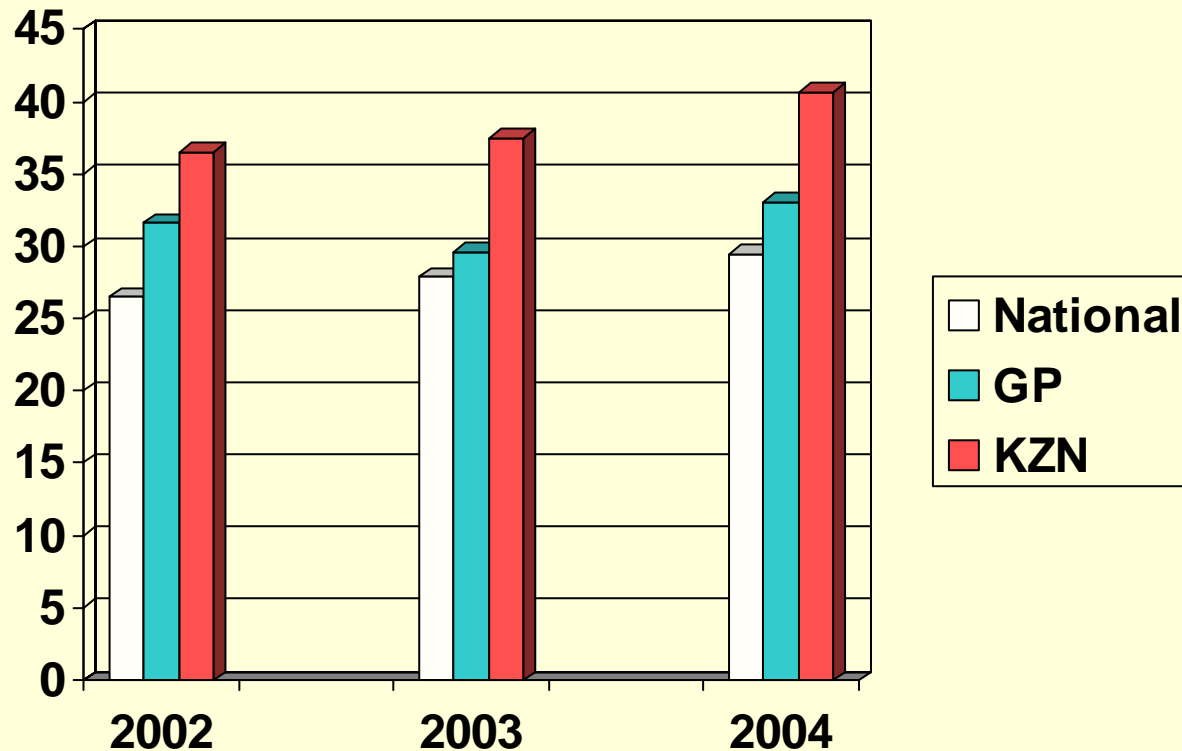


# Gauteng- Community profile

- Geographically the smallest province
- Yet 19% population lives in Gauteng
- Population estimated at 8.8 million (census 1999) or 10 million (DHIS midyear estimates)
- Fair distribution of male (51%) and female (49%)
- Largely urbanized communities (approximately 97%)

# Gauteng- HIV prevalence

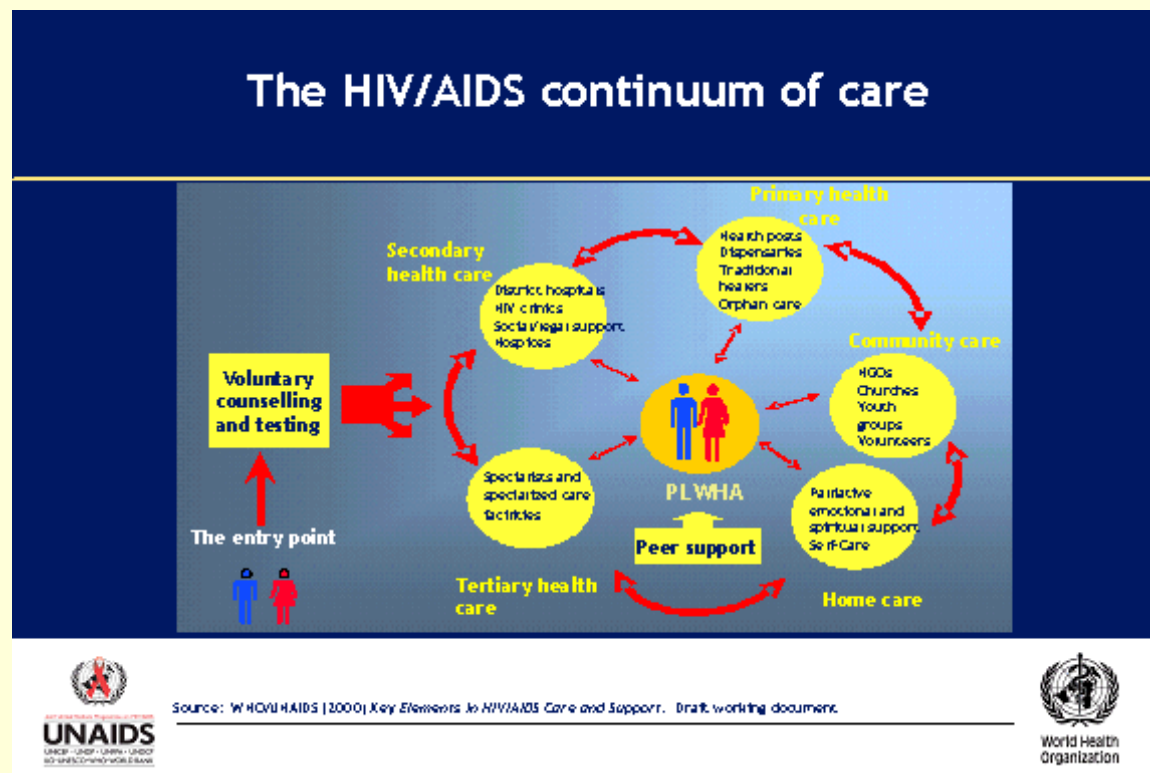
## National ANC survey



# Prevalence.....

- Prevalence among pregnant women 33.1%.
- 2<sup>nd</sup> highest in the province after KZN
- VCT among pregnant women 30% prevalence
- Population studies suggest 11-15% HIV prevalence
- Approximately 1,8million people are living with HIV

# C & T as entry point in the Continuum of Care



# Health Resources

- 28 Hospitals
- 300 fixed primary health facilities
- 70 mobile and satellite clinics
- 270 funded NGO's



# C&T Services points=340

- VCT started 2001
- In 5 pilot sites
- To date expanded to 340
- Independent NGO's not included

Service point	No. Service points
Hospitals	24
Private Hospital	1
PHC Facilities	268
NGO's	36
Tertiary	11

# Service outputs

- 2004/05- number tested (168 000) exceeded target (150 000)
- 2005/06- number tested (158 000) against target (200 000)
- HIV seropositivity between 35-50%

# Service outputs.....

- C&T point in TB hospital- TB/HIV collaboration promoted
- Expansion of non medical points in tertiary institutions
- HAST committees at local level

# Challenges

- Access
- Quality
- Referral System
- Communication Strategy
- NGO Support
- Counselor Support
- Training
- M & E

# Steps taken

- A Stake holder meeting held –May 2005
- A Declaration was agreed to by all partners:
- To form a steering committee for VCT
- To nominate a task team which will address the challenges

# Steering committee partners

- Gauteng Health Department
- The Local Authorities,
- Correctional Services,
- Intersectoral AIDS unit,
- NGO's, Private Sector,
- Tertiary institutions
- Labour unions

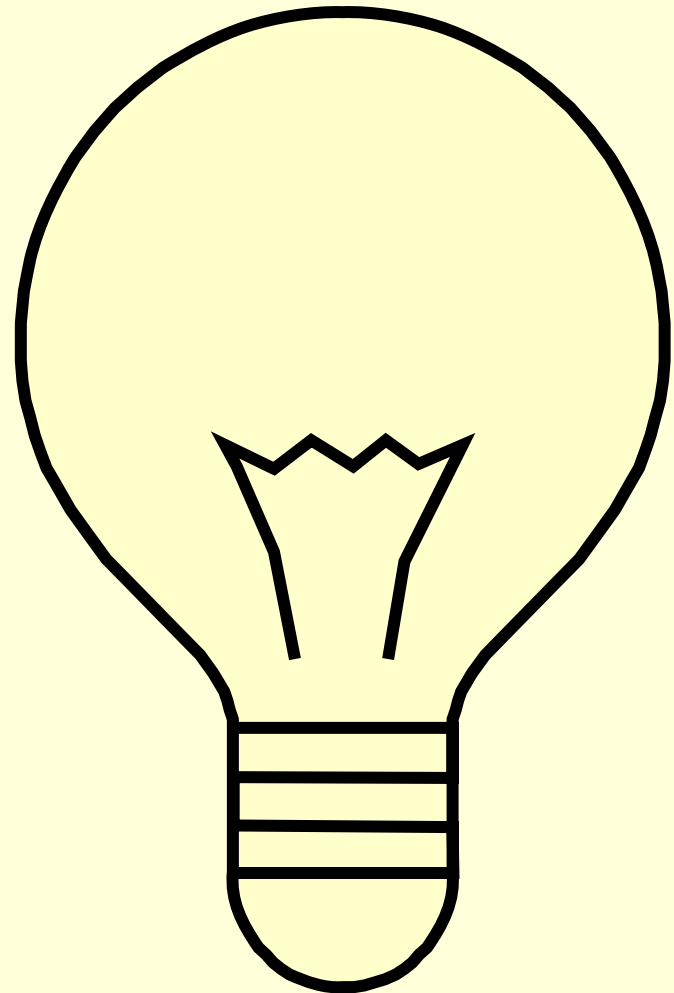
# Poor access

- A clear mapping out of space constraints
- Report for submission to facility management
- New Start to provide mobile services adjacent to clinics
- Expand C&T in tertiary institutions



# Training

- Assessed existing modules
- Community Health worker course not sufficient for counselors
- VCT module lacks ongoing counselling
- Overlap of content
- Trainees unmentored



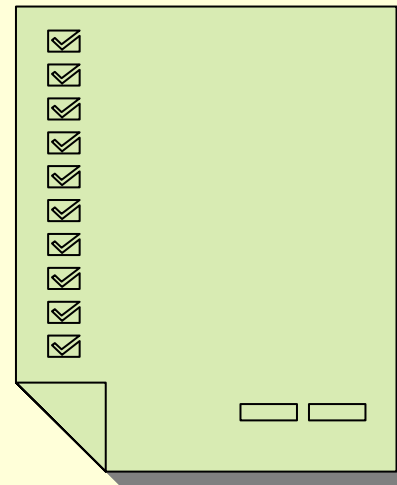


# Counselling course- recommended 45 days

- Basic HIV/AIDS Education-5 days
- Basic Counseling-10days
- VCT/couple counseling-8 days
- Adherence counselling-10 days
- TB and TB/HIV – 6days
- PMTCT and infant feeding-3 days
- Support Groups Facilitation - 3 days

# Course.....

- Skills development under supervision and mentorship for 6 months
- Course to be equivalent to NQF level 4



# Counselor support

- 10 mentor posts filled
- Mentors provide one on one mentoring
- Group debriefs
- Support counselors in action
- Mentors need training

# Monitoring and evaluation

- DHIS has designed a separate data sheet for HAST
- Recommendations: Add data elements e.g.
- Pre test counselled & post test counseled
- 1<sup>st</sup> test for the year or re-test
- Referred
- CD4 count

# Conclusion & Future plans

- The resolving of challenges is an ongoing process.
- The task team has submitted recommendations on the majority of the key issues.
- The steering committee will examine the inclusion of other models of counselling

**Thank you**